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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/627,117			ing Date 24/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
\vdash	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), (ii)		N/A		N/A		N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A		N/A	· · · · · · · · · · · · · · · · · · ·	1	N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x \$ =		
IND	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		•		x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s).								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))											
* If (* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)								L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	03/09/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	· 40	Minus	~ 51	= 0		X \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 6	Minus	···7	= 0		x \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
() /	olon						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
λ) 1		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	Г			1	<u> </u>		
AMENDMENT .	ane	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAI A FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	· / //	Multip	VF []	= /	Y	x \$ =		OR	x \$ /=		
	Independent (37 CFR 1.16(h))	. 11	Minus		<u> </u>]	x \$ =		OR	x \$ =		
Æ	Application Size Fee (37 CFR 1.16(s))					Į			Į į			
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
					•		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The "Highest Number Previously Paid For" (1 oral or independent) is the highest number round in the appropriate both in Column 1.

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